



**Congressman Tom Cole  
4th District of Oklahoma**

## **Privacy Release and Constituent Information Form**

The Honorable Tom Cole:

In keeping with the restrictions of the Privacy Act, I hereby authorize you and your staff to request information from any federal agency or department in reference to my inquiry. This authorization includes written correspondence, telephonic and any other means of communication. The federal agency or department is authorized to furnish you copies of any document, correspondence or information including medical records, relative to my inquiry.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Please provide any other tracking numbers relevant to your case, such as OWCP number, INS number, or VA claim number

**Briefly explain the problem below and attach copies of any relevant documentation.**

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Use back of page if  
more space is needed

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Please Return To:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Congressman Tom Cole<br>2420 Springer Dr., Ste. 120<br>Norman, OK 73069<br>405-329-6500<br>Fax: 405-321-7369 | <input type="checkbox"/> Congressman Tom Cole<br>711 SW D Ave., Ste. 201<br>Lawton, OK 73501<br>580-357-2131<br>Fax: 580-357-7477 | <input type="checkbox"/> Congressman Tom Cole<br>Sugg Clinic Office Building<br>100 East 13th Street, Suite 213<br>Box 13<br>Ada, OK 74820<br>580-436-5375 Fax: 580-436-5451 |
|---|---|--|